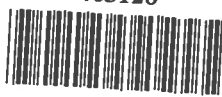


SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report	
2. Site EPA ID Number (page 10)	EPA ID Number IAD073489288	
3. Site Name (page 10)	Name: Industrial Laminates/Norplex Inc.	
4. Site Location Information (page 10)	Street Address: 665 Lybrand St. PO Box 977	
	City, Town, or Village: Postville	State: IA
	County Name: Allamakee	Zip Code: 5262 0977
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 32613	B.
	C.	D. 463128 
7. Site Mailing Address (page 11)	Street or P. O. Box: Same	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:
8. Site Contact Person (page 11)	First Name: Scott	MI: R Last Name: Loven
	Phone Number: 563-864-4227 Extension:	E-mail address: sloven@norplex-micarta.com
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: Industrial Laminates/Norplex Inc. Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
	Date Became Operator (mm/dd/yyyy): 9-15-1996	
	B. Name of Site's Legal Owner: Honeywell Date Became Owner (mm/dd/yyyy): 1-01-1982	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	

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9. Legal Owner (Continued) Address	Street or P. O. Box: 101 Columbia Road	
	City, Town, or Village: Morris town	
	State: N.J.	
	Country: USA	Zip Code: 07962

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 17.)

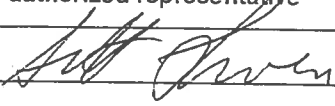
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D007	D008	D009	D018	D035
F003	F005	U002	U122	U154	U159	U220
U01L						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 17.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Scott Loran HSE Mgr	03/01/2006

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Industrial Laminates1 Norplex INCEPA ID NO: IAD 073 489 288U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description

Ignitable resin/solvent Mixture from cleanupB. EPA hazardous waste code F001 F003

C. State hazardous waste code

D. Source code

G 113

Management Method code for Source code G25

E. Form code

LW 203

F. Quantity generated in 2005

327,336.0

G. UOM

L

Density

 ☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code Quantity treated, disposed, or
recycled on site in 2005

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code Quantity treated, disposed, or
recycled on site in 2005

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)Site 1 B. EPA ID No. of facility to which waste
was shippedKYD 053 348 108C. Off-site Management Method
code Shipped toHA 061

D. Total quantity shipped in 2005

327,336.0Site 2 B. EPA ID No. of facility to which waste
was shipped C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2005

 Site 3 B. EPA ID No. of facility to which waste
was shipped C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2005

Comments:

REC'D

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Industrial LaminatesNorplex IncEPA ID NO: IAD 973 489 288U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description

Ignitable liquid mix: Contains rags, resin & cleanup solventB. EPA hazardous waste code F003 F095

C. State hazardous waste code

D. Source code

G113

Management Method code for Source code G25

H1111

E. Form code

LW092

F. Quantity generated in 2005

17808.10

G. UOM

L

Density

1.11☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeH1111Quantity treated, disposed, or
recycled on site in 200517808.10

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeH1111Quantity treated, disposed, or
recycled on site in 200517808.10

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)

☐ 1 Yes (CONTINUE TO BOX B)☐ 2 No (FORM IS COMPLETE)Site 1 B. EPA ID No. of facility to which waste
was shippedRYD 053 348 108C. Off-site Management Method
code Shipped toH1061

D. Total quantity shipped in 2005

17808.10Site 2 B. EPA ID No. of facility to which waste
was shipped1111111111C. Off-site Management Method
code Shipped toH1111

D. Total quantity shipped in 2005

1111111111Site 3 B. EPA ID No. of facility to which waste
was shipped1111111111C. Off-site Management Method
code Shipped toH1111

D. Total quantity shipped in 2005

1111111111

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: Industrial Laminates

Worplex Inc

EPA ID NO: IAD 073 489 288

OMB#: 2050-0024 Expires 10/31/2007

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description

Solid resin in drum

B. EPA hazardous waste code F005 F005

C. State hazardous waste code

D. Source code

G 11

Management Method code for Source code G25

E. Form code

W 403

F. Quantity generated in 2005

6205

G. UOM

1

Density

☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code

H

Quantity treated, disposed, or
recycled on site in 2005

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code

H

Quantity treated, disposed, or
recycled on site in 2005

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B)

☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste
was shipped

KYD 053 348 108

C. Off-site Management Method
code Shipped to

H 061

D. Total quantity shipped in 2005

6205

Site 2 B. EPA ID No. of facility to which waste
was shipped

C. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2005

Site 3 B. EPA ID No. of facility to which waste
was shipped

C. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2005

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: Industrial Laminates

1 Norplex Inc

EPA ID NO: IA0073489288

OMB#: 2050-0024 Expires 10/31/2007

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description

Melamine resin/solvent & water from treater clean up

B. EPA hazardous waste code F003 F005

C. State hazardous waste code

D. Source code

G013

Management Method code for Source code G25

[H]

E. Form code

W113

F. Quantity generated in 2005

41430.0

G. UOM

L

Density

[] [] []

☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code

[H]

Quantity treated, disposed, or
recycled on site in 2005

[] [] [] [] [] [] [] [] [] []

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code

[H]

Quantity treated, disposed, or
recycled on site in 2005

[] [] [] [] [] [] [] [] [] []

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B)

☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste
was shipped

KY0053348108

C. Off-site Management Method
code Shipped to

[H]061

D. Total quantity shipped in 2005

41430.0

Site 2 B. EPA ID No. of facility to which waste
was shipped

[] [] [] [] [] [] [] [] [] []

C. Off-site Management Method
code Shipped to

[H]

D. Total quantity shipped in 2005

[] [] [] [] [] [] [] [] [] []

Site 3 B. EPA ID No. of facility to which waste
was shipped

[] [] [] [] [] [] [] [] [] []

C. Off-site Management Method
code Shipped to

[H]

D. Total quantity shipped in 2005

[] [] [] [] [] [] [] [] [] []

Comments: